#	ltem	Description	Status
	Medical care	• Expedite triage for sick calls on non-quarantine units • Prioritize inmate grievances alleging delay of medical care & submit to medical director • Enhanced documentation tracking sick/urgent care calls, symptoms, medical visit, and outcomes	 DYRS/DOC Medical Directors met on May 4 to review all medical processes DOC residents use to access healthcare and how they are being identified for COVID testing; flow chart created to outline these processes. DOC residents' complaints of medical delays are immediately provided to the DOC Medical Director for review. Beginning May 18, the daily sick call process on non-quarantine and non-isolation units was enhanced to include four additional medical assistants; they collect sick call slips in the morning and submit them to the charge nurse for triage. A nurse practitioner sees all residents with sick call requests that same day. Beginning May 18, sick call request forms were enhanced to include symptomatic information. DOC is conducting research with vendors on the possibility of providing inmates access to sick call forms via kiosks and tablets. Quarantined residents have enhanced access to medical providers, including being seen twice daily by nurses who do medical screenings. Two enhancements were implemented: (1) If a resident complains of potential symptoms, the nurse ensures they are assessed by a higherlevel provider for possible COVID-19 testing; and (2) Prior to beginning daily sick call clinics, Medical Providers walk all of the housing units to ensure all medical concerns are addressed, even if a resident hasn't completed a sick call slip. If needed, the provider can add the resident to the sick call clinic for that same day. Residents with access to a tablet can now complete and submit an inmate grievance form directly to the inmate grievance coordinator. Inmate Grievance Data for May 2020 show fewer inmate grievances and informal resolution complaints about health care access and quality compared to March 2020 and resolution times are typically less than four days. On June 2, DYRS received approval to procure the services of a Medical Consultant. The medical consultant will support DOC's efforts to review and continuously enh
2	Cell restrictions for isolated and	Monitor and track cell restrictions	 provider within 24 hours of sick call submission. Standardized cell restriction forms were developed. Improved practices and form implementation began April 22; forms are collected and stored electronically.
	quarantine units		 collected and stored electronically. DYRS/DOC will continue to track and identify trends that may be used to inform any needed policy and practice improvements.

CTF - Correctional Treatment Facility CDF - Central Detention Facility DOC - Department of Corrections DYRS - Department of Youth Rehabilitation Services DGS - Department of General Services

OCP - Office of Contracting and Procurement

PPE - Personal Protective Equipment



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3	Transfers to different units during quarantine period	Ensure appropriate housing surveillance and monitoring for transferred inmate	 DOC reviewed all transfers since the declaration of the public health emergency. A small number of residents were found to have transferred based on their mental health needs and at the direction of the medical team. DOC revised its intake tracking system to ensure all new intakes are identified and properly monitored during their first 14 days at DOC. DOC/DYRS is reviewing implementation and tracking/monitoring tools to further improve process. To identify the prevalence rate of asymptomatic positives and control infection transmission, on May 22 DOC and DC Health conducted a COVID-19 Point Prevalence Survey on a total of 304 residents, with 14 new residents testing positive. On June 26, DOC, in collaboration with DC Health and Unity, conducted another round of testing for 87 residents. Those tested included: residents on the intake unit who have been there for more than 14 days; residents on C2B, the CTF unit for inmates over 50 years old; residents on SW1; and residents on NE3. DOC is awaiting the results. Between June 15 and July 18, DOC had no quarantine or isolation units in operation except for the enhanced medical observation unit that monitors intakes. On July 19, a newly-arrived resident identified through intake testing in an enhanced medical observation unit received a positive result for COVID-19 and was placed in isolation. This was the first positive at DOC facilities since June 3.
4	Enhanced education for staff & inmates	Consult with public health experts to strengthen COVID-19 education program Explore supports that can be expedited to inmates and staff Staff supports	 DC Health is reviewing COVID-19 education programs for DOC staff and residents and is providing training for DOC staff on COVID-19 and appropriate fitting and use of PPE. Training for all DOC staff on COVID-19 prevention and management began April 23; DYRS is reviewing related materials. Online training module for all DOC staff launched on April 27; topics include COVID-19; donning, doffing, and disposing of PPE; cleaning and disinfecting practices; social distancing; and use of infrared thermometers for medical screenings. Paper-based training was provided during roll call beginning April 29. As of May 25, 98% of staff have completed the training. Online educational resources provided to DOC residents via tablets on April 28; topics include COVID-19, use of PPE, and cleaning/ disinfecting practices. Paper copies of this information were provided to all DOC residents on April 29. Updated COVID-19 information is provided to all DOC residents on April 29. Updated COVID-19 information is provided to all residents weekly via tablets and paper copies. Unity Health Care provides COVID-19 education to positive residents being released from isolation or quarantine into the community. DOC is working on staff supports to boost morale and empower staff, including special service ribbon to recognize staff during the public health emergency, an attendance incentive, and recognize staff excellence via the agency's website, newsletter, and annual family day. DOC wellness committee continues to communicate notifies staff of medical and physical wellness opportunities provided through DCHR. Staff have been encouraged to maintain communication with their own medical providers. DOC is partnering with the Wendt Center for Loss and Healing to provide virtual workshops for DOC staff around vicarious trauma, as well provide staff with information on other wellness opportunities. Workshops scheduled for July 1 and 7; the June 23 session is being rescheduled due to

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5	Thermometer training	Staff training on use of infrared thermometers & responding to inaccurate readings	 EOC provided trained medical staff to perform this function; trainings held on April 29, 30 and May 1. Medical staff conduct thermometer readings. Medical Reserve Corps volunteers were engaged to support efficient screening efforts. The volunteers began on April 27; up to six volunteers each day.
6	Inmates in isolation	Access to legal calls Daily showers Clean clothing & linens	 Mobile telephone unit provided for on-unit calls and facilitated by Operations staff; DYRS is reviewing policy. Based on updated medical advice, DOC revised procedures to allow residents in isolation to shower daily; showers and refusals to take showers is tracked daily. DYRS/DOC is reviewing tracking information to identify any needed procedural improvements. Clean bed linens and clothes are provided weekly. Should the need arise, residents receive additional clean clothes/ linens upon request.
7	Social distancing	Address limitations in staffing levels Improve oversight of supervisory staff Consistency of social distancing enforcement Enhanced education on importance of social distancing	 DYRS/DOC began an in-depth analysis of DOC staff unavailable for duty. On May 5, DOC began issuing Return to Work notices to employees who were due to return to work from COVID related leave. Unannounced supervisory walkthroughs began May 1 to enhance immediate supervisory support and redirection; they will be conducted at least twice per week. As of April 10, the PA system reminds staff and residents five times per day to maintain social distance. Beginning April 20, DOC increased COVID-19 informational signage throughout the facilities. Correctional Officer pre-employment testing is scheduled to resume June 6. DOC HR is recruiting new correctional officers through social media, military bases, local/non-local unemployment offices, and employment search engines. Supervisors are enforcing established recreation protocol. DOC continues to depopulate general housing units based on the maximum number of cells available. On May 15, DOC met with the Mayor's Office of Veteran Affairs to discuss recruiting former military for correctional supervisory positions. DOC provided position descriptions. On May 19, DOC was approved to purchase 1,000 tablets via WebEOC; they are expected to arrive in August. The tablets will provide residents with educational opportunities, as well as allow them to communicate confidentially with their attorneys. Thirteen correctional officers graduated from training on May 22 and reported to their posts at the CDF and CTF on May 25. DOC staff continue to be provided with social distancing guidelines and educational materials; residents are continuously educated on a daily basis with regards to social distancing, hand hygiene, and cleaning practices. As of July 15, 94.6% of residents at the CDF and CTF were single-celled. On June 29, 2020, a letter from Director Booth providing an update on COVID-19 efforts and reinforcing the importance of social distancing wa



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8	PPE guidelines & fitting	Guidance to staff on type of PPE to use when doing different functions and at different post assignments Training on proper usage and disposal of PPE Designated receptacles for disposing of PPE Fit all staff assigned N95 respirators	 Beginning April 20, DOC increased COVID-19 informational signage throughout the facilities; per CDC guidance, signage use both text and illustrations. FEMS conducted N95 fit tests and training for 40 staff on May 5; two DOC officers received "train the trainer" education. DOC submitted a WebEOC request for a vendor to test the additional employees and train 20 DOC staff on how to conduct the N95 fit test. Once training is done, the 22 trained DOC staff will conduct N95 fit tests for remaining DOC staff. To expedite the N95 fit test training, DOC is coordinating with FEMS. On June 9, 2020 FEMS conducted fit testing for 40 DOC staff and one staff member was trained as a trainer.
9	Retain a sanitarian	Person will oversee environmental health and safety program at CDF & CTF	 DYRS Sanitarian conducted two walkthroughs of DOC facilities on April 30 and May 6; provided recommendations to DOC and will continue to consult pending the hiring of a DOC Sanitarian. DYRS Sanitarian consulting with DC Health on previous inspections and consulting with DOC on the implementation of DC Health recommendations. DOC working closely with OCP to expeditiously procure a Sanitarian; vendor identified, but start date delayed due to death of vendor's spouse. Environmental specialist team anticipated to start May 18. A contract with a sanitarian was signed on May 18. The permanent job posting for a sanitarian was first posted on May 21 through June 4, but was reposted through June 26, 2020 to seek additional qualified candidates. Given that this is a hard to fill position, it was reposted on July 7 and will remain up until July 16, to continue to seek additional qualified candidates. Given that this is a hard to fill position, it was reposted July 7-16 to seek additional qualified candidates. Further, DOC is working on direct-target approaches to have additional candidates apply for the position. The agency continues to move forward with the sanitarian contractor and implementation of the cleaning protocol recommendations, as well as consultation with the DYRS sanitarian on an ongoing basis. DOC is currently reviewing applications for the Sanitarian and will start interviewing the qualified applicants.
10	Cleaning services	Hire professional cleaning service for non-secure side of facility until sanitarian is hired Provide each unit with cleaning supplies that have been sanitized Enforce schedule for regular cleaning of common areas and cells	 Scope of work for janitorial services is being finalized between DGS and company providing cleaning services to DC Government; finalizing contract is high priority for DGS and OCP. DOC and EOM considered using DCPS janitorial staff to clean DOC facilities, but concept was not feasible. DOC developed a checklist for each shift to verify sufficient cleaning supplies/ equipment in each housing unit and that each housing unit has been cleaned and inspected. Janitorial services contractor began on May 12 to clean the secure and non-secure sides of the CDF. Professional cleaners started at the CTF on May 18. DOC implemented DYRS Sanitarian's recommendations to limit the cleaning solutions to Peroxide multi-cleaner and Orange Force on May 16. Additionally, micro-fiber cloths were purchased. DOC implemented DYRS Sanitarian's recommendations and beginning May 26, micro-fiber cloths are used during resident cell cleaning to replace the paper towels residents had been using. Each resident is provided with a clean micro-fiber cloth that, after being used to clean the cell, is washed in the laundry and reused the next day.



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11	Common areas	Reduce inmate congregation in close quarters in common areas Limit number of inmates out of their cells at same time Enforce social distancing standards by inmates, including assessing need for additional staff on unit-by-unit basis	 During each shift roll call, staff are reminded to enforce social distancing measures. DOC has implemented policies to support social distancing, including allowing only six residents out for recreation at any given time. Beginning April 10, the PA system reminds staff and inmates five times per day to maintain social distance. Beginning April 20, DOC increased COVID-19 informational signage throughout the facilities.

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12	Legal calls	Provide inmates with access to confidential, unmonitored legal calls	 As essential DOC staff returned from COVID related leave, the agency's capacity for emergency legal calls increased. Beginning April 22, DOC implemented a new and improved legal call system for attorneys with urgent matters to discuss with residents. Legal call information is posted on DOC website. Informational filers were posted on housing units on May's larger posters were posted on May 11. DOC is implementing unmonitored messaging services between residents and attorneys via tablets. All residents who currently have an APDS tablet and have submitted their attorney's name and email address have the ability to message their attorney. As DOC receives the additional 1,000 tablets, this will be a standard process. Every resident issued a tablet will be able to submit their attorney's information so they can message them. On May 8, DOC received additional tablets that will allow for resident-attorney emergency video conferencing. DOC staff were trained on the new tablets during the week of June 1. Testing began the week of June 8. Two of the tablets were provided to case management supervisors on June 22, 2020 and two additional tablets were provided on June 29 for use. DOC is coordinating with ADPS, the tablet company, to resolve the issue identified during testing with the remaining tablet. New headsets arrived on May 18 that will allow case managers on non-isolation units to be provided a cell phone and headset to make emergency legal calls for the purposes of providing private, unmonitored attorney-client communication; DOC tested the new system to ensure its safety, security, and sanitation and finalized the plan for use. After the tablet company resolved issues that were identified during testing, the fifth tablet was provided to case management supervisors on July 17. Nine cell phones/headsets (three for CTF and six for CDF) were issued to DOC supervisors on June 11. The phones will facilitate resident access to private, unmonitored emergency l